Department of Labor & Industries WISHA Services PO Box 44655 Olympia WA 98504-4655



## PHYSICAL EXAMINATION

REQUIRED BY THE DEPT. OF LABOR & INDUSTRIES for State of Washington Charter Boat Operators License

		(TO BE COM	PLETED BY PHYSICI	AN)
Height:	Weight:		Color Eyes:	Color Hair:
EYES:	Color Sense is Color perception check	is NOT ed by one of the	normal. following acceptable met	hods: (check one)
	Farnsworth Lantern Keystone Orthoscope Keystone Telebinocula Pseudoisochomatic Pla ADC; revised edition	ate (Dvorine, 2nd	Titmus Optical Farnsworth Dic	hotomous D-15 Panel Test
<u> ISION:</u>	Without glasses:	Right eye	Left ey	/e
	With glasses:	Right eye	Left ey	e
EARS:	Auditory canals:	Normal:	Discha	urge:
	Ordinary conversation:	Right ear:	(feet) Left	ear:(feet)
	Loud conversation:	Right ear:	(feet) Left e	ear:(feet)
GENERAL:	Heart:	Bloo	d Pressure:	Lungs:
	Major defects, abnorma	lities, communic	able diseases:	
	PH	YSICIAN'S S	FATEMENT OF F	INDINGS
I have on thi who has sign not compete	s date:ned below in my presence nt to perform the	, examined Upon evaluation duties for which h	n of the above finding, I	consider the applicant competent
Signature of applicant in presence of examining physician			Physician's confirming initials	
Signature of applicant in presence of L&I representative				L&I representative's signature
Typed name	e of physician			Phone number
Address of physician			City	State ZIP+4
	Date exam submitted for file State license nun			